



03500.011277.1

PATENT APPLICATION

#13
Amclt 1
10/17/03
WCH

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
	:	Examiner: S. Wallace
HISASHI KAWAI)	
	:	Group Art Unit: 2671
Application No.: 09/580,588)	
	:	
Filed: May 30, 2000)	
	:	
For: IMAGE INPUT APPARATUS)	October 8, 2003

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RECEIVED
OCT 09 2003
Technology Center 2600

AMENDMENT

Sir:

In response to the Office Action dated July 8, 2003, the Examiner is
respectfully requested to amend the above-identified application as follows:



In re Application of:

HISASHI KAWAI

Application No.: 09/580,588

Filed: May 30, 2000

For: IMAGE INPUT APPARATUS

Docket No.: 03560.011277.1

Examiner: S. Wallace

Group Art Unit: 2671

Date: October 8, 2003

2671
#B
Amold
10/17/03
WCH

MAIL STOP NON-FEE AMENDMENT

COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, VA 22313-1450

RECEIVED

OCT 09 2003

Technology Center 2600

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below:

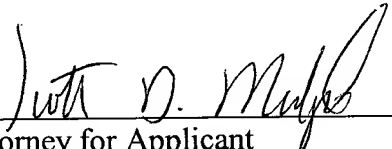
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	9	MINUS	20	= 0	x \$9 \$18	\$ -0-
INDEP. CLAIMS	3	MINUS	3	= 0	x \$43 \$86	\$ -0-
Fee for Multiple Dependent claims \$145°/\$290						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$ -0-

☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.

☐ A check in the amount of \$____ is enclosed.

- ☐ Charge \$____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicant
Scott D. Malpede
Registration No. 32,533

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200

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